

WOMACK ARMY MEDICAL CENTER PATIENT CONCERNS/ISSUES

PRIVACY ACT STATEMENT

Title of Form: Patient Concerns/Issues

AUTHORITY: Title 5, USC 301

PURPOSE AND USES: To acquire information to be utilized in obtaining answers to inquiries/complaints about medical treatment or services rendered by the Medical Center (MEDCEN). The routine uses of this form are: (a) Resolution of inquiries/complaints, (b) Information will be analyzed to provide a basis for identifying problem areas. (c) Serves as a means for the consumer to express an opinion, request information, or make a suggestion concerning operation of the MEDCEN. The last four of the Social Security Number is needed to identify patients and medical records filed under the MARKS Filing System.

EFFECTS OF NONDISCLOSURE: If the information is not furnished, medical care of members and dependents may become a matter of major proportion to the Army command concerned and the individual patient. Disclosure of personal information is voluntary.

NAME	LAST FOUR OF SPONSOR'S SSN	HOME/UNIT PHONE	DATE
SPONSOR'S RANK/NAME/ADDRESS		STATUS: (CIRCLE ONE)	
		ACTIVE DUTY -----	FAMILY MEMBER
		RETIRED -----	FAMILY MEMBER

CONCERNS/ISSUES: _____

Signature

Date

Continuation

Please leave this form in one of our suggestion boxes located throughout the medical center, or you may drop it off at the Patient Advocate's office located behind the information desk, Reilly Road entrance.
Thank you!

THIS AREA FOR STAFF USE ONLY

ASST		COMPLAINT		COMPLIMENT		SUGG		OTHER	
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AREA OF CONCERN: (CHECK ONE)

ATTITUDE		CLEANLINESS		PHONE ACCESS	
AWAITING APPTS		COMMUNICATION		POLICY/PROCEDURE	
AWAITING SVC		MEDICAL RECORDS		QUALITY OF CARE	
AWAITING TEST RESULTS		PARKING		OUT OF AREA CARE	
REFERRALS		OTHER:			

REMARKS: _____

ACTION TAKEN: _____ **PATIENT CONTACTED? ___ YES ___ NO**

ACTION OFFICER SIGNATURE/DATE: _____